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## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

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10/06/08 878

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	30	25	5
Independent (37 CFR 1.16(b))	11	10	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	450.00

pd

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**
Independent (37 CFR 1.16(b))		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**
Independent (37 CFR 1.16(b))		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CASE HA726 DIV

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type or print name

Signature

June 27, 2005

Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF

Art Unit: 1624

ATWAL ET AL.

Examiner: Rao, D.

APPLICATION NO: 10/660,878

FILED: SEPTEMBER 12, 2003

FOR: HETEROCYCLIC DIHYDROPYRIMIDINE COMPOUNDS

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Fee calculation:

Multiple Dependent Claims (\$ 300)						\$	
For	Number Presented	Number Prev. Paid	Number Extra		Rate		
TOTAL CLAIMS	27	- 25	= 2	x	\$ 50	=	\$ 100
INDEPENDENT CLAIMS	11	- 10	= 1	x	\$ 200	=	\$ 200
TOTAL FEE						\$	300

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$300. The Commissioner is hereby authorized to charge any additional fees

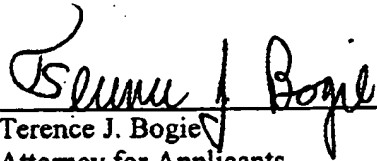
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under 37 C.F.R. §1.16 and §1.17 which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

☐ Enclosed is a Petition for Extension of Time.

Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
609-252-6385  
Date: June 27, 2005

  
Terence J. Bogie  
Attorney for Applicants  
Reg. No. 44,544

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